

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101541149

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3				2		
4				2		
5				2		
6				2		
7				1		
8				1		
9				1		
10				2		
11				1		
12				1		
13				1		
14				2		
15				1		
16				1		
17				1		
18				1		
19			1			
20			1			
21				2		
22				2		
23				2		
24				2		
25				2		
26				2		
27				2		
28				2		
29				2		
30				2		
31				2		
32				2		
33				2		
34				2		
35				2		
36			1			
37				(1)		
38				(2)		
39				4		
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		58	←		←
TOTAL CLAIMS			63			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						